

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 547Registrar's No. 2535

FILED SEP 20 1962

1. PLACE OF DEATH
a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richmond HeightsLength of stay in lb
30 yrs

c. CITY OR TOWN Richmond Heights

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. MarysInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7531 Wise Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Margaret R. Thomas4. DATE OF DEATH
Month Day Year
August 29 19625. SEX
Female6. COLOR OR RACE
white7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12-7-19119. AGE (last birthday)
50IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bookkeeper10b. KIND OF BUSINESS OR INDUSTRY
Int. Photo Eng.11. BIRTHPLACE (City and state or country)
St. Louis Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Joseph Thomas

13b. MOTHER'S MAIDEN NAME

Nora Brett

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
417. INFORMANT Address
Eleanor Thomas 7531 Wise Ave.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous, primary undetermined about 4 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 20, 1962 to Aug 29, 1962 and last saw her alive on Aug 29, 1962
Death occurred at 4:10 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTAR'S SIGNATURE

A.H. Bocklage 6536 Clayton Rd.

8-31-62

St. Louis Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

14005

24005

3

4 1

5 0

6

7 0

8 2

9/99.2

10

11

12 46-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kahle

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.